

Kaulani Ostrem, age 17, a senior at Kahuku High School, co-chaired an effort in her community to reduce the number of deaths and accidents on the roadways in her community.

I look forward to having the opportunity to meet Lauren and Celinda and to welcome them to Washington when they come to the Capitol in May. Lauren, Celina, Tessa, and Kaulani exemplify the very best of our youth, of Hawaii, and of our nation.

REFORMS NEEDED IN HEALTH CARE SYSTEM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, today I have organized my freshman Democratic colleagues to speak out on an issue of great importance to our country, that is, on the issue of health care. I understand that the gentleman from New York (Mr. ISRAEL) has already spoken, and I thank my colleague for his participation.

Mr. Speaker, many of us were elected in large part because we vowed to reform our health care system, to make quality medical care and prescription drugs affordable for all Americans.

Today nearly 44 million Americans under the age of 65, 11 million of whom are children, do not have health insurance.

In the State of Rhode Island, my home, 1 out of 10 people lack health insurance. As we all know, health insurance is critical to obtaining necessary, affordable care. Those without insurance often pay two, even three times more for medical care than an insured person pays for that very same service. The uninsured are hospitalized at least 50 percent more often than the insured for avoidable conditions. They are also more likely to be diagnosed with later-stage cancer than those with insurance. Even newborn infants born to uninsured mothers have a 31 percent greater risk for adverse health outcomes. This inequity in access to medical care reflects the unfair disparity and health care costs the uninsured face on a regular basis.

Mr. Speaker, that is why I plan to introduce legislation to require the Department of Health and Human Services to make substantive recommendations on how to eliminate this disparity and report to Congress within 1 year on these findings.

Another facet of today's health insurance quagmire is the high cost employees must pay for health insurance premiums, so high, in fact, that many opt out of this vital benefit. Over one-third of the uninsured are in families where employer-sponsored coverage is declined, and Medicaid does not always cover these families, which is why I plan to introduce legislation to help States subsidize employees and some of the employers' health insurance pre-

mium costs. I want to make sure employed workers are able to obtain the health care coverage that they need and deserve.

A third aspect of health insurance I am deeply concerned about is the lack of prescription drug coverage in Medicare; 13 million Medicare recipients lack drug coverage at the present time. In Rhode Island alone, almost 200,000 of our seniors have no drug coverage; and drugs are not cheap. In 1999, prescription drugs accounted for almost 10 percent of individual health spending. In many cases these prescriptions amount to \$500 or more per month. To a senior on a fixed income, this represents a greater share of their monthly check. A disproportionate share, and this is wrong.

With 77 million baby boomers soon to retire, we must curb this trend before it spirals out of control. By requiring drug companies to sell prescription drugs in the United States for the same price they charge in underdeveloped countries, I believe we can alleviate the burden on people lacking drug coverage. I commend the gentleman from Maine (Mr. ALLEN), who has introduced H.R. 1400, of which I am a proud cosponsor, the Prescription Drug Fairness Act for Seniors 2001. This legislation ensures drug companies charge fair prices in the U.S., and it is estimated to reduce prices for brand-name prescription medications on average by 40 percent.

□ 1400

All of these issues that I have mentioned address healthcare affordability, and ensuring and guaranteeing a minimum standard of quality is also important. After all, the health care we must pay for is essential for everyone, and it must provide the care that people need. The Bipartisan Patient Protection Act of 2001, otherwise known as the Patients' Bill of Rights, would ensure patients obtain this quality care and are granted greater control over their health care.

If enacted, this bill would provide access to emergency care, specialty care, and clinical trials and allow external review for all Americans who receive employer-sponsored health care. This bill represents a critical step toward improving our health care system and placing control of patient care firmly in the hands of patients and their doctors.

Disparity in health care costs, lack of affordable health insurance, a prescription drug plan for our seniors, and patients' rights to control the quality of their own medical care are some of the most pressing health care issues facing America today. I urge my colleagues to work together to solve these problems.

Reforming our health care system is probably one of the most complicated endeavors for Congress to undertake.

But let us not lose sight of it. It is a goal that we can and must achieve together. It must happen. I look forward to working with all of my colleagues to make this a reality.

TRIBUTE TO FORMER SECRETARY OF STATE OF MICHIGAN, RICHARD H. AUSTIN

The SPEAKER pro tempore (Mr. SHAYS). Under a previous order of the House, the gentleman from Michigan (Mr. LEVIN) is recognized for 5 minutes.

Mr. LEVIN. Mr. Speaker, tomorrow, Thursday, April 26, the funeral services will be held in Detroit for Richard H. Austin, who served six terms as Secretary of State of Michigan.

As the longest serving Secretary of State in Michigan's history, Dick Austin set the highest standard of service to the public. Whether it was highway safety or citizen participation in the electoral process, he was always ahead of his time.

It was my privilege to be a teammate with Dick Austin as I ran for Governor and he began his first quest for statewide office, breaking down barriers confronting candidates for elective office in Michigan. He became the longest-serving black elected State official in the history of Michigan, as he was Michigan's first black CPA and the first black candidate for mayor.

I had the joy many times of campaigning with him, hearing him in his quiet way spelling out his aspirations, and watching the magic worked by his warm smile and his friendly handshake. That smile is now gone, but the memories of it will always linger. His friendliness is now a legacy not to be forgotten.

Dick Austin never let down the public trust, and the citizens of Michigan responded time after time. He was an intrinsic part of the web of public service in Michigan for many decades. He made Michigan a better place, and he will be missed by many of us as a warm friend and by all of us as an invaluable public servant.

Mr. Speaker, we here today join together to mourn the passing of Richard H. Austin.

GENERAL LEAVE

Mr. COBLE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my special order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.